

256093

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

REQUEST FOR NAME CHANGE ON  
CERTIFICATE FROM COASTAL  
MEDICAL TRANSPORTATION, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2013 - 84 - T

If this is your first time filing an application with the PSC, you will not  
have a Docket Number. The Commission will assign one to you. If you  
have filed with the Commission before, a Docket Number was assigned  
and should be entered above.

(Please type or print)

Submitted by: ANGELA MATHEWESTelephone: 864-616-1375Address: 110-B AUGUSTA ARBOR WAY

Fax: \_\_\_\_\_

GREENVILLE, SC 29605

Other: \_\_\_\_\_

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NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers  
as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must  
be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |                                                                                                                                            |                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application – Class C Taxi                                                                                        | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter                                                                                     | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus                                                                                 | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency                                                                    | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods                                                                             | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste                                                                             | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application                                                                                                       | <input type="checkbox"/> Letter                                        |
| <input type="checkbox"/> Request for Extension to Comply with Order                                                                        | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of<br>Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate                                                                           | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension                                                                                            | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement                                                                                         | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate                                                                 | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

USA CARE TRANS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 20th, 2015, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 20th day of January,  
2015

*Mark Hammond*

Mark Hammond, Secretary of State